PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number: 10/668,185

CLAIMS AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY FEE
BASIC FEE (37 CFR 1.16(a))	17			$	OR	Basic	750.00
TOTAL CLAIMS (37 CFR 1.16(c))	17 minus 20 =		X $___		OR	X $ 18	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 minus 3 =		X $___		OR	X 84	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ $___		OR	+ 280	
			TOTAL		OR	TOTAL	750.00

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	SMALL ENTITY ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY ADDI-TIONAL FEE
Total (37 CFR 1.16(c)) 2/27/16	14	Minus	20		X $___		OR	X $___	
Independent (37 CFR 1.16(b))	1	Minus	3		X $___		OR	X $___	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $___		OR	+ $___	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	SMALL ENTITY ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	14	Minus	20		X $___		OR	X $___	
Independent (37 CFR 1.16(b))	1	Minus	3		X $___		OR	X $___	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $___		OR	+ $___	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	SMALL ENTITY ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY ADDI-TIONAL FEE
Total (37 CFR 1.16(c)) 8/4/16	14	Minus	20		X $___		OR	X $___	
Independent (37 CFR 1.16(b))	1	Minus	3		X $___		OR	X $___	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $___		OR	+ $___	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.